

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047842

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 124

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 31 1963

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | c. CITY OR TOWN Fayette | |
| Length of stay in 1b 10 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 1/2 S. Main St. | | d. STREET ADDRESS (If outside, give location) 108 1/2 S. Main St. | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|---------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last ELEANOR GRIMES VANDERVEER | | | 4. DATE OF DEATH Month Day Year Dec. 25, 1963 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/31/20 | 9. AGE (last birthday) 43 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Howard Co. Missouri | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Guy Grimes | | 13b. MOTHER'S MAIDEN NAME Jessie Taylor | |
| 14. NAME OF HUSBAND OR WIFE Wm F. Vanderveer | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp, or unknown) (If yes, give war or dates of serv) NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Wm F. Vanderveer Fayette, Mo | | 18. ADDRESS | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Arteriosclerosis DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH Immediate 5 yrs |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |

21. I attended the deceased from 12-25-63 to 12-25-63 and last saw her alive on 12-23-63
Death occurred at 2:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|-----------------------------|------------------------------|
| 22a. SIGNATURE (Degree or title) Ira Bloom M.D. - Coroner | 22b. ADDRESS Fayette, Mo | 22c. DATE SIGNED 12-27-63 |
|---|-----------------------------|------------------------------|

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|---|-----------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/27/63 | 23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery | 23d. LOCATION (City, town, or county) (State) Fayette, Missouri |
|---|-----------------------|---|--|

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| 24. FUNERAL DIRECTOR Ralph A. Carr Fayette, Mo. | 25. DATE RECD. BY LOCAL REG. 12-27-63 | 26. REGISTRAR'S SIGNATURE Katherine Welch |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 12451

2 0451

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6

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9 332X

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11

12 90-

13 10

If this body is not embalmed, fact should be so stated above.